WASHINGTON COUNTY HEALTH DEPARTMENT



(Revised June 2009)

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

APPLICATION FOR PERMIT TO OPERATE AT A CITY/FARMER'S MARKET

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03, Regulations Governing Food Service Facilities.

PLEASE PRINT OR TYPE:					
DATE:					
FACILITY NAME:FARMER'S MARKET ADDRESS:					
CORPORATE NAME (if applicable): _					
ADDRESS FOR PERMIT TO BE SENT	:				
TOWN	STATE		ZIP		
CONTACT NOs: Owner #:		Fax	#:		
E-Mail:		Cell	#:		
HOURS/DAYS MARKET IS OPEN:					
TOTAL MENU TO BE SOLD:					
SOURCE OF ALL FOODS:					
OPERATION PROPOSED: Season	nal	From		_ to	
SIGNATURE OF APPLICANT:					
		USE ONLY			
Receipt Number:		A	mount Paid		
County Permit Number:		D	ate Paid		
- -					

Mail application to:
Washington County Health Department
ENVIRONMENTAL HEALTH DIVISION
13332 Pennsylvania Avenue
Hagerstown, Maryland 21742